

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

DEC 12 2008



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEET TRANSMITTAL

For FY 2009

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 940.00)

Complete if Known	
Application Number	10/697,251-Conf. #9042
Filing Date	October 31, 2003
First Named Inventor	Takanobu Adachi
Examiner Name	K. Frisby
Art Unit	3715
Attorney Docket No.	SHO-0025

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues) 52 26
 Each independent claim over 3 (including Reissues) 220 110
 Multiple dependent claims 390 195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
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- or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____

Fees Paid (\$)

4. OTHER FEE(S)			
Non-English Specification,	\$130 fee (no small entity)		
Other (e.g., late filing surcharge):	1251 Extension for response within first month 1801 Request for continued examination (RCE) (see 37 ...)	130.00	810.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		29,211	(202) 955-3750
Name (Print/Type)	Carl Schaukowitch	Date	December 12, 2008

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Fee TRANSMITTAL For FY 2009		Application Number	10/697,251-Conf. #9042
		Filing Date	October 31, 2003
		First Named Inventor	Takanobu Adachi
		Examiner Name	K. Frisby
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3715
TOTAL AMOUNT OF PAYMENT		(\$)	940.00
		Attorney Docket No.	
		SHO-0025	

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 18-0013				Deposit Account Name: Rader, Fishman & Grauer PLLC	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

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Other (e.g., late filing surcharge): 1251 Extension for response within first month 130.00							
1801 Request for continued examination (RCE) (see 37 ... 810.00)							
SUBMITTED BY							
Signature				Registration No. (Attorney/Agent)	29,211	Telephone (202) 955-3750	
Name (Print/Type)	Carl Schaukowitch			Date	December 12, 2008		